

United States District Court  
For the District of Delaware

Acknowledgement of Service Form  
For Service By Return Receipt

Civil Action No. 07 cv 36 JJP

Attached below is a return receipt card reflecting proof of service upon the named party on the date shown.

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>			
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p><b>A. Signature</b>  <input checked="" type="checkbox"/> <i>Kathy Von SC</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><b>B. Received by (Printed Name)</b></td> <td style="width: 50%; padding: 5px;"><b>C. Date of Delivery</b></td> </tr> </table> <p><b>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</b>  <b>If YES, enter delivery address below: <input type="checkbox"/> No</b></p> <p style="text-align: center;"><i>U.S. MAIL</i></p>		<b>B. Received by (Printed Name)</b>	<b>C. Date of Delivery</b>
<b>B. Received by (Printed Name)</b>	<b>C. Date of Delivery</b>				
<p><b>1. Article Addressed to:</b></p> <p style="margin-left: 20px;">LOREN MEYERS DEPUTY ATTORNEY GENERAL DEPARTMENT OF JUSTICE 820 N. FRENCH STREET WILMINGTON, DE 19801</p> <p style="margin-left: 20px;"><u>07cv36 JJP</u></p>		<p><b>3. Service Type</b></p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p><b>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</b></p>			
<p><b>2. Article Number</b> <u>7005 1820 0004 3173 3710</u>  <small>(Transfer from service label)</small></p>		<p>Domestic Return Receipt</p>			
<p>PS Form 3811, February 2004</p>		<p>102595-02-M-1540</p>			

